Document 40 ROUGES 2/25/2008 AND RETURN

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

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PLAINTIFF Consular Rabbi K.A. Israel						Tcc	COURT CASE NUMBER 07C7084			
DEFENDANT						TY	TYPE OF PROCESS			
Circ	ult Court o	f Cook	County	fllino	is, et al.		S/		NINEMN	
SERVE (NAME OF INDIV	IDUAL, CO)MPANY, COI	RPORATION,	ETC., TO SERVE OF	R DESCRIPTR	ON OF PROPERTY TO) SEIZE OK ÇQ	MADEMIA	
▶ ₹≖	<u>(lvie Nelso</u> r _ADDRESS (Street	Garth	Anartment No.	City. State	and ZIP Code)	 -				
AT \	736 526 6th. Si	reet,	Madison,	, Illino	is 62060					
						Number of	process to be			
							this Form - 285			
Rabbi K.A. Israel Paralegals for Economic Foundations P.O. Box 803241 Chicago, IL 60608						Number of	Number of parties to be served in this case Check for service			
						Check for				
						_ on U.S.A.				
SPECIAL INSTRUC	CTIONS OR OTHE	R INFOR	MATION THA	T WILL ASS	IST IN EXPEDITING	SER <u>VICE (I</u>	nclude Business and	Alternate Addre	sses, Ali	
Telephone Numbers	, and Estimated Tit	nes Availat	de For Service	e):		_ L	D FEB 2		Poid	
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					FEB	2 5 2008	PH			
					MICHAFI	W. DOBBI	to mil	(n 📆	co r	
					CLERK, U.S. D	NSTRICT C	NS OURT			
Signature of Attorne	v or other Originator	requesting	service on bel	nelf of:			NE NUMBER	DATE		
Signature of Attorne	y or onice originator	requesting	Sel Yiet till Sell		□ DEFENDAN	т I	· · · · · · · · · · · · · · · · · · ·	01-22-	08 🚟	
SPACE BEI							VRITE BELO	True	* 5±0 *	
I acknowledge receip number of process in	,	nal Process	District of Origin	District to Serve	Signature of Author	orized USMS D	Deputy of Clerk	TOA	ite <u> </u>	
(Sign only first US	SM 285 if more 6	of 7	No. 24	No. 25						
than one USM 285		nersonally			ce of service. V have	executed as sho	own in "Remarks", the	process describ	ed	
on the individual, co	ompany, corporation	, etc., at the	address show	n above or on	the individual, compa	ny, corporation	, etc., shown at the add	dress inserted be	elow.	
I hereby certify	and return that I	am unable	to locate the	individual, co	mpany, corporation, o	etc., named ab	ove (See remarks bel	low)		
	individual served (i						A person of	suitable age ar	nd dis-	
LAWZENCE TAYLOR (COUSIN)							usual place			
Address (complete of	only if different than	shown abo	ve)				Date of Service	Time 3	∵45 am	
			•				Z/4/08		pm	
							Signature of U.S	. Marshal or D	eputy	
							Rulh	7-2-Y-		
Service Fee	Total Mileage Char	ges Forw		otal Charges	Advance Deposits		d to U.S. Marshal or	Amount of	Refund	
\$ 90.—	(including endeavo	(S) 4 8	·			*/o-	7,70			
REMARKS:	<u> </u>			lalaca			- N.J. 0/ 65 B	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	[क्र≘	
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1/30/08 - 2	Shork Synch	~ · ,	y = .							